

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

May 12, 2003

**Re: IRO Case # M2-03-0817**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 52-year-old female who on \_\_\_ injured her neck. The injury led to a 10/20/98 anterior cervical discectomy and fusion at the C5-6 and C6-7 levels. The patient had mild residual neck pain, but she returned to work. The pain has increased in the last year, becoming gradually more severe over the past several months. An MRI on 2/13/02 is noted by the treating surgeon to have shown a potential problem, especially at C3-4, but the report of the MRI was not provided for this review. A report of a CT scan on 10/2/02 indicates that there is a central protrusion of disk at C3-4 narrowing the canal to 7mm, and there are chronic changes at C4-5, but without neurological compromise. Examination of the patient fails to reveal anything that would suggest nerve root or spinal cord compression, except for some changes which are only questionably related to the changes seen on CT scanning and MRI.

Requested Service

Cervical myelogram with CT

Decision

I disagree with the carrier's decision to deny the requested treatment.

Rationale

The patient's symptoms, MRI and plain CT scan suggest pathology above the fusion levels as a possible source of the patient's problem, and as a source of possible future problems of increased severity. Spinal canal compromise to 7mm is thought to be the source of possible increased difficulties in the future. CT myelographic evaluation of the cervical spine may show surgically correctable difficulties, and may benefit the patient if attended to.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

**YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 14<sup>th</sup> day of May 2003.